## TEENAGE PREGNANCY PREVENTION GRANT PROGRAM Non-SACS Income Acct: 8581; SACS Codes: Resource 6245 & Revenue Object 8590 1999-00 FINAL EXPENDITURE REPORT (7/1/99 through 6/30/00)

| GRA        | NTEE:  |        | CDS Code/TPPGP ID#: | S Code/TPPGP ID#: |  |
|------------|--|--------|---------------------|-------------------|--|
| LINE       | SACS & Non-SACS Expenditure Object Codes   | BUDGET | TOTAL EXPENDITURES  | BALANCE           |  |
| 1.         | 1000-1999: CERTIFIED PERSONNEL   |        |                     |                   |  |
| 2.<br>3.   | 2000-2999: CLASSIFIED PERSONNEL 3000-3999: EMPLOYEE BENEFITS (Include 7270-PERS Reduction in Category 3000)          |        |                     |                   |  |
| 4.<br>5.   | 4000-4999: BOOKS AND SUPPLIES 5000-5999: SERVICES & OPERATING EXPENDITURES (Include Line Item 7310 in Category 5000) |        |                     |                   |  |
| 6.         | SUBTOTAL (Lines 1 through 5)   |        |                     |                   |  |
| 7.         | INDIRECT COST (subtotal @ %)   |        |                     |                   |  |
| 8.         | 6000-6599: CAPITAL OUTLAY  |        |                     |                   |  |
| 9.         | TOTAL (Lines 6 through 8)  |        |                     |                   |  |
| 10.<br>11. | TOTAL of 1998/99 EXPENDITURES AMOUNT CARRIED OVER TO 1999/00 (Lesser of \$50,000 or 10% of Grant Award)              |        |                     |                   |  |
| 12.<br>13. | BALANCE TO BE RETURNED TO CDE  GRAND TOTAL (Lines 10 through 12)   |        |                     |                   |  |

CERTIFICATION: I hereby certify that (1) the expenditures reported have been made and the program has been conducted in accordance with federal and state laws and regulations, and with the approved application and amendments for this program; and (2) full records of receipts and expenditures have been maintained and are available for audit.

| Prepared by:                   | Title: | Phone:        |
|--------------------------------|--------|---------------|
| Signature of Authorized Agent: | Title: | Printed Name: |